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ABSTRACT

This pamphlet focuses on the concept of information and referral (I&R) as a system and describes seven highly effective I&R systems that bring together people in need with the human service agencies that can help them. It is noted that when thinking in terms of I&R systems, attention must be directed to the overall quality of the structures and processes involved in I&R delivery and that a strategic approach to building I&R systems must be adopted. Key elements of sucessful I&R systems are described as quality coverage of I&R for the service area, quality support functions for all I&R services within the system, and the development of I&R policies and practices. Operated by public agencies, public libraries, and private nonprofit agencies, the seven I&R systems described are located in Connecticut, Memphis (Tennessee), Summit County (Ohio), Los Angeles (California), Metropolitan Denver (Colorado), Southeastern Virginia, and Humboldt/Del Norte Counties (California). Centralized and decentralized systems and relationships between component parts of systems are also discussed. A list of questions for assessing the strengths and weaknesses of an I&R system concludes the pamphlet. (ESR)

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Model Information and Referral Systems: A Bridge to the Future

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In October, 1981, the U.S. Administration on Aging awarded a grant to the Alliance of Information and Referral Systems, Inc. (AIRS) for a study of Model Information and Referral Systems. The Center for Urban Studies at The University of Akron received a contract from AIRS to provide administrative and research services in conducting the Model I and R Systems Demonstration Project. This pamphlet has been developed in large part using the information, analyses, and early conclusions resulting from this research. It is published jointly by the Alliance of Information and Referral Systems, Inc. and the Center for Urban Studies, The University of Akron.

AIRS is a membership organization serving I and R interests throughout the United States and Canada. Publications include: *The AIRS Newsletter, the AIRS Journal on I and R, and I and R Standards* (published jointly with the United Way of America).

The Center for Urban Studies, established in 1965, is the senior applied research unit within The University of Akron whose function is community service.

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Foreword

Many studies have been undertaken and many articles have been written regarding information and referral services, designed to bring together people in need with the human service agencies that can help them. The material in this pamphlet does not focus on human problems, nor on the problems of human services or information and referral providers. Rather, it presents the concept of information and referral, defined as a *system*, as a workable solution to many of the problems that have developed in the process of delivering services to those who need them.

Key elements of successful information and referral systems are also introduced, as is an overview of seven I and R systems that function in an exemplary manner. These seven systems — reflecting demographic, geographic, structural and operational diversity — were chosen for an in-depth study on the basis of their effective, high quality performance in delivering I and R services.

The information is meant to acquaint the reader with the substantial findings of the Model Information and Referral Systems Project. More comprehensive, detailed data is available to those who wish to replicate or adapt relevant practices, policies and procedures of successful systems in order to improve existing programs or to establish new ones.

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New Policy Directions: I and R As A System

As the focus of this project is on information and referral, considered as a *system*, some adjustment in traditional ways of thinking about I and R is required. Typically, I and R has been viewed as a service furnished by individual agencies. The linkage of a person in need with appropriate help has been the outcome sought.

It is important to recognize that the successful delivery of I and R services is determined by the quality of decisions made and of functions performed *prior* to the actual contact between a consumer and the I and R specialist. Among the more basic of these decisions and functions are those related to funding arrangements, access to various types of I and R development and updating of resource files and personnel training.

Within any given service area — a city, county, region or state — some means of access to I and R specialists is available; some level of funding is chosen; and some form of resource inventory is maintained. In each area, I and R services are delivered by various agencies, decisions are made and support functions are carried out. It is the sum total of these services, decisions and functions in the service area that constitute an I and R system. An I and R system is, therefore, much broader and more encompassing than is the familiar concept of I and R as an agency.

When thinking in terms of I and R systems rather than in terms of specific agencies, attention is directed to the *overall* quality of the structures and processes involved in the many aspects of I and R delivery in a particular service area. The quality of services provided may vary across I and R systems and, within a given system, across particular activities. For example, the presence within a service area of several small, generic I and R agencies — none of which operate on a 24-hour basis — may be evidence of low I and R system capacity to assure cost-effective and maximum access for consumers seeking assistance. Also, evidence may indicate that better conditions exist in one I and R agency than exist in another. In contrast, within another service area, formal agreements to separate generic and specialized I and R, or to centralize fundraising and training, may be evidence of substantial system capacity to coordinate activities among autonomous I and R related units.

Responding To A New Era of Challenges

The challenge to the human service system, providers and funders alike, is to find innovative ways to deal with the present environment of increasingly limited public sector resources for human services and, at the same time, a heightened demand for those services. It is imperative, therefore, that members of the I and R community look beyond the performance of individual agencies to the performance of the system of which they are a part. The incentives for the community to think in system terms and to address systemwide concerns are substantial. In some instances, organizational survival is at stake; despite its acknowledged importance for the effective meeting of human needs, I and R is an indirect service and, as such, is often viewed by funders as of lower priority than are direct survival services. Further incentives for individual I and R providers and those involved in related activities to think in system terms result from fundamental changes occurring in the national approach to social problems. Lennie Marie Tolliver, Commissioner on Aging, has noted: "Greater efforts must be made to foster new collaborative efforts between public and private organizations."

Such collaborative efforts do not simply appear. Their development, adoption and implementation require policies on the division of responsibilities, mechanisms for assuring cooperation and resolving conflicts and consensus on evaluation criteria.

Perhaps the most basic reason for a growing awareness of the relevance of a system approach is the success and acceptance of I and R as a social service. I and R has long been provided by the voluntary nonprofit sector and as a support activity in the work of most health and human service agencies. During the 1970s, when funding became available from a variety of sources, especially through federal categorical grants, the number of I and R agencies and the scope of geographic and problem coverage increased dramatically.

But presently, in too many places, this service designed to help people deal with complexity has itself become so complex that inefficiencies, inadequate access, service gaps and poorly maintained resource files have resulted. *Only by adopting a strategic approach to building I and R systems can these problems be overcome.*

Building Model I and R Systems

Development of a model I and R system requires cooperative efforts among all I and R units — public, private and voluntary — that plan for, fund, deliver and support I and R activities in the service area. Initial exemplary behavior is evident when representatives from these key units convene, typically as a result of a shared concern for the quality and future of I and R in the service area. Often it is a single community leader or organization that provides the initiative for convening the group. If such an initial step is to lead to a model I and R system, attention must then be directed to:

Quality Coverage of I and R for the Service Area

The first priority of a model I and R system is to ensure that quality I and R services are readily available and accessible to all segments of the population, anywhere in the service area. To accomplish this objective, all sources of I and R services must be considered in order to determine whether gaps or duplication exist in the services being provided. In a fully developed model I and R system, agreements would be negotiated among both funders and providers regarding the division of responsibilities for the quality of and the accessibility to I and R services for the separate communities and segments of the population.

Quality Support Functions for All I and R Services Within the System

A second priority of a model I and R system is to ensure the provision of support functions essential to the delivery of quality I and R services. The two largest expenditures in providing I and R are for staff and for maintaining data on available services. In a model I and R system, strategies would be adopted regarding alternative and cost-effective ways of (1) attracting, training and retaining professionally competent I and R workers for the entire system and of (2) providing accurate, current information on available services to all I and R agencies.

Policies and Practices for Model I and R Systems

To deal with the above priority concerns, a model I and R system builds and maintains structured relationships among the I and R interests and the I and R services. These relationships provide both for regular communications among I and R funders and providers and for established means — however informal — whereby these entities can build a consensus on needed changes in policies and practices.

For and I and R system to be considered exemplary, it must develop the capacity to deal effectively with a set of ongoing policy and practice concerns. Among the most basic of these concerns are: (1) building strong working linkages among I and R interests that are inherently a part of the system; (2) applying policies aimed at improving performance standards of and/or data collection on all entities providing I and R services; and (3) implementing resource saving and resource sharing measures designed to enhance the quality of I and R services provided by all agencies.

Seven Model Systems

The seven I and R systems in this study, although not necessarily perfect, are ones in which system development proceeded in ways that could serve as an example or model for others.

The service areas of the seven I and R systems in this study range in geographic size from Connecticut's statewide system to that of a single county, and in population from more than 7 million people in Los Angeles to a few thousand residents of Humboldt/Del Norte counties in rural northern California. An overview of each I and R system is presented here.

Connecticut

The state of Connecticut has a population 3,107,000 people in 1980 and an area comparable to that of Northeast Ohio. Its governmental structure is unique in that, in the absence of county governments, human service policy and funding decisions are made at the state level.

In the early 1970s state agencies and United Way agencies from around the state, acting independently, began to recognize a growing need for improved provision of I and R services to Connecticut's citizens. An association of 28 United Ways proposed the development of a statewide I and R system to the Governor's Human Services Council when it was established in 1974. After a year-long feasibility study, the state and the (newly formed) United Way of Connecticut announced a jointly-funded plan to centralize the responsibility for providing generic I and R services to all segments of the population under one nonprofit agency: Info Line of Connecticut.

This agreement represented an important attempt by both the state and its voluntary sectors to collaborate to provide quality coverage of I and R services. The proliferation of funding decisions by numerous state agencies and United Ways was consolidated. Info Line now receives 75 percent of its funding from Social Services Block Grant funds (formerly

Title XX), supplemented by mental health and aging monies. (This consolidation was the only major accomplishment of the Governor's Human Services Council; even now, only one other social service — Planned Parenthood — operates under a single statewide contract.)

One of the interesting characteristics of Info Line is that it does not attempt to provide I and R services for the entire state from a central place. Rather, I and R services are provided at the regional level under six separate contractors. These agencies, while autonomous legal entities, conduct I and R programs in a consistent, if not a uniform, way. All I and R policy decisions are set by the Statewide Advisory Board of Info Line of Connecticut and are implemented through its central office, and the I and R Department of the United Way of Connecticut, which, in turn, works with the regional providers to implement programs and actions that result from policy decisions.

The I and R Department is responsible for the maintenance of the Statewide Computerized Resource Inventory, a computerized file of all human service agencies in the state. Special reports and regional editions of the *INFO LINE Directory of Community Services* (distributed free to social service agencies and sold to individuals) are produced from the file.

Since 1975, state agencies have established an array of specialized I and R services to meet the needs of alcohol and drug abusers, the handicapped, the culturally deprived and persons with mental health problems. None of these are organized statewide, but they generally maintain appropriate linkages with the regional I and R entities of the Info Line system.

Memphis

The I and R system of metropolitan Memphis, Tennessee, serves the more than 900,000 residents of the city of Memphis, the rest of the central county of Shelby and the adjacent counties of Fayette, Lauderdale and Tipton.

The development of this exemplary I and R system is characterized by two unique features. The first is that LINC — the lead agency of this system of I and R interests — is an integral part of the Memphis-Shelby County Public Library and Information Center. Established in 1975, LINC assumed from the local United Way the legal responsibility for providing generic I and R throughout the metropolitan area. Being a border community, LINC also receives I and R inquiries from small neighboring towns in Arkansas and Mississippi. Although specialized I and R services have been established since then, they all maintain linkages with LINC, which provides the necessary back-up.

The second unique feature of this system is that the public funds used to augment the area's capacity to provide I and R services came from a most unexpected source: $1 million of county general revenue sharing

funds, previously withheld by the federal government, were unexpectedly released by court order. County officials, in a politically astute decision, earmarked the $1 million for the human services; and the library's proposal to expand the capacity for I and R activities to the broader community was among those accepted. Because of the generous two-year development grant ($368,000), LINC staff were able to exert the necessary effort to build an effective I and R service.

LINC is a separate department within the library and has its own staff and budget. Yet LINC is also an integral part of the priority goal of the library to be a comprehensive information center for all residents of the area. LINC staff work some hours in the Science Department because it is felt that I and R and traditional reference services reinforce each other when answering an inquiry. LINC staff handle only those inquiries regarding the human service system and channel calls for information of a general nature to appropriate library departments.

The provision of I and R has been a top priority of the library, as evidenced by the fact that all library staff are cross-trained. At the same time, LINC was developed as a cooperative venture with other agencies. Over the years LINC has acquired funding from the Area Agency on Aging and has jointly undertaken community projects with police, health and other departments.

Summit County

The Summit County, Ohio, I and R system is an urban, county, centralized system. The major organizations responsible for I and R policy and funding are the City of Akron Department of Human Resources, United Way of Summit County, the Summit County Welfare Department and the Area Agency on Aging. The strengths and exemplary practices of this system are a result of its organizational structure and its utilization of multiple funding sources.

The core organizational component of the I and R system is Info Line, Inc. As well as being the primary generic provider of I and R services in Summit County, Info Line is linked with other community services and organizations in a variety of capacities. It has instituted ancillary programs such as Tel-Med, Lifeline, and Law-Line and has installed telecommunications equipment to serve an estimated 19,907 county residents with hearing impairments.

Info Line, which receives revenues from nine sources, has a resource base that gains stability through its diversity. But because of this diversity of funders, financial planning is essential. Planning consists of preparing for the three separate, non-concurrent fiscal years of its funders; allocating fixed costs among four different programs; and making budgetary projections and allocations.

A Management by Objectives system is used to accomplish these and

other financial planning tasks. Goals and objectives are specified, prioritized and put on a time line, both on a program and on an agency basis. Resources are then allocated so as to achieve these specifically stated goals.

The strength and stability of this organization, its Board, its management and its staff, was proved in 1981 – a difficult year for many I and R services. Following years of steady growth, Info Line lost more than 25 percent of its total revenue but it continued, nevertheless, to improve both the quality and the quantity of its service. The ability to adapt to unforeseeable circumstances without panic, to reorganize without disorganization and to accept increased responsibility and work loads resulted in its reaching and surpassing service objectives.

Los Angeles

The Los Angeles, California, I and R system comprises all of Los Angeles County, an urban service area of 4600 square miles, containing approximately 75 million people. The county is characterized by economic and ethnic diversity as well as rural and dense population distributions. Among 83 incorporated cities the major ones are Los Angeles, Long Beach, Pasadena, Compton, Pomona, Inglewood, Santa Monica, Glendale and Burbank.

Operating within the county are three I and R policy systems, which have maintained their autonomy because of politics, geography, funding and diverse target groups: the Information and Referral Federation of Los Angeles County, and the City and County Area Agencies on Aging. The I and R Federation, a private, nonprofit organization, is the generic countywide system which includes the volunatry participation of both Area Agencies on Aging. Info Line, the core organizational component of this model system, is the Federation's newly formed agency responsible for delivery of generic I and R services.

The I and R Federation is currently evolving from an extensive, decentralized, fragmented system into a moderately decentralized coordinated system built around a single generic capability, with an aim of consolidating programs in order to create an organized nucleus of comprehensive, 24-hour I and R services. The strength of this system is its capacity to raise the financial, personnel, and material resources necessary to provide and maintain the highest quality I and R services possible.

The provision of I and R services to the elderly is the responsibility of the Los Angeles City Area Agency on Aging (City AAA) and the Los Angeles County Area Agency on Aging (County AAA). The City and County AAAs had a common I and R service — Senior Line — until 1978, when fiscal and political constraints made it necessary for the City AAA to withdraw. A close working relationship remains, however, between the

two systems, and each administers its own, non-overlapping service area. The City AAA was involved in the initial stages of development of the I and R Federation and the creation of Info Line, with which it still maintains a cooperative working relationship.

The city of Los Angeles, served by the City AAA I and R system, is considered a "third world mini-country" in that 86 different languages and dialects are spoken within its borders. This wide ethnic diversity presents a challenge for the system because, despite the cultural and language barriers, it must serve the one-half million older residents who require access to the human service system.

The City AAA service area is divided into 15 councilmanic districts, each containing a Senior Multi-purpose Center. I and R is a service component of each Center, enabling older persons to have access to an I and R service in close proximity to their homes.

The City AAA also funds two other citywide agencies which provide I and R services to Spanish-speaking elderly, as well as to elderly persons from Asian and Pacific countries in their native languages. In addition, it operates an in-house I and R service.

Metropolitan Denver

Metropolitan Denver is a fast-growing, sprawling region of 1,620,000 people. Mile High United Way I and R Service, a department of the United Way, presently provides generic I and R services to a four-county region. The Denver Regional Council of Governments Office on Aging encompasses four more adjacent, rural counties.

Mile High United Way I and R is not the only provider of I and R to the general population. I and R is an important primary or secondary service of many other organizations, including a Federal Information Center, the Denver Commission on Community Relations, the Governor's Citizens Advocate Office, "9 Wants to Know" (presented by a local TV station) and the Salvation Army, to name a few.

The planning for building a model I and R system in Metropolitan Denver has begun, based on the development of a network of I and R interests. Mile High United Way gave policy direction and financial support to its own I and R department, which then took the initiative to identify and convene all major I and R funders and providers to establish and I and R network. Improving the quality of I and R in Metropolitan Denver is the mission of the I and R network. The function of the network is to determine what services are needed in Metropolitan Denver and how the participating agencies, as a network, can be of help.

Some participating agencies accepted the aims of networking when they were assured that no one agency would dictate policy to any other, that the networking linkages would remain informal, and that providing I and R would be a result of cooperative arrangements and *not*

consolidation of I and R services.

Mile High United Way I and R has adopted the view that its role within the network is to (1) build awareness among I and R providers of the opportunities that exist for self-improvement through networking and to (2) assist those providers who are attempting to improve the quality of their I and R services.

Establishing a comprehensive, computerized resource inventory for Metropolitan Denver is currently a priority concern of Mile High United Way I and R, as well as of most other agencies in the network. Denver's I and R system is approaching its introduction slowly, starting with a user survey that asks all potential users of a computerized resource file what information they would like, what format they would prefer, and how much they would be willing to pay for receiving products from the file.

While it has taken steps toward building a model I and R system, the I and R network of Metropolitan Denver has not yet been able to achieve all of its important goals. There is still no compilation of data concerning the quality and quantity of I and R coverage across separate communities and across population groups. And adherence to, or even agreement on, appropriate standards for an I and R service — aside from Mile High United Way I and R — is nonexistent.

Southeastern Virginia

Southeastern Virginia's sizeable service area is inhabited by 1.5 million people who live in a proliferation of local governmental units: the seven counties and eight cities which comprise the Tidewater Region. The Information Center of Hampton Roads provides I and R services for the entire region, but its basic function is to provide resource files and data services to a regional network of 20 I and R providers, including the Navy Family Service Center at Norfolk. The Center has a comprehensive, computerized resource inventory which maintains information on more than 3,000 human service agencies. I and R services are manily provided by individual city and county social services departments.

The Information Center of Hampton Roads provides these services for the regional network using its parent agency's IBM system, which includes 34 computers and four terminals at various work stations that process, store and retrieve resource and I and R operations data. The Center also performs statistical compilations based on I and R user data supplied by all social service agencies. These data and reports are made available to any community organization and are filed with the state.

The Information Center of Hampton Roads was established as a model *health* I and R service in 1965, and it continued to function in this capacity until 1972. In that year, funds from the Administration on Aging made it possible for the Center to computerize and expand its resource base to include all human services. The Center's funding base shifted for

a third time in 1975 — from Title III (Aging) to Title XX (Social Services) — operating under the direction of the Virginia Department of Social Services.

A statewide I and R Advisory Council was created in 1977 to consider ways to improve the quality of I and R delivery across the state. The Council's plan called for six regional information centers that, while providing I and R services, would concentrate on developing a comprehensive, computerized resource file to be used by each regional network of social service departments in their provision of I and R. The Information Center of Hampton Roads, already an established model I and R system in the Southeastern Region, served as a prototype for those in charge of building information centers in other regions.

Humboldt/Del Norte Counties

The Humboldt/Del Norte I and R system encompasses these two northernmost coastal counties in California. The Area I Agency on Aging is the core of this aging-specific, rural system, made up of the Humboldt Senior Resource Center in Eureka and the Del Norte Senior Center in Crescent City.

Weather and transportation are perceived to be the greatest barriers to effective utilization of services by the rural elderly. The eastern areas are inaccessible during parts of the winter because of heavy snowfall, and the relatively underdeveloped road system inhibits mobility for both service providers and service consumers. The majority of older persons have access to a telephone. But the more isolated rely upon CB radio networks rather than subsidize the high expense of remote telephone service installation, so "word-of-mouth" is often relied upon to reach these rural elderly.

The residents are characterized as "rugged individualists" who tend to be self-reliant and cautious about "big government" and social services. Rather than use social services, most older persons prefer to receive support from relatives, friends, church, and/or neighbors and it is rare for an older person to be totally isolated by either choice or circumstance. The local spirit of community results in reliance on both primary groups and informal communications networks.

The Del Norte Senior Center received its first Older Americans Act funds in 1975, which provided for its first I and R services. Because service needs can be met only through service providers in the more populated Humboldt County, working relationships have been established between the Del Norte Senior Center in Crescent City and the Senior Resource Center in Eureka, approximately ninety miles away. Humboldt County, unlike Del Norte County, has a heavy concentration of private, nonprofit social service providers.

The Information and Referral Service in Eureka, established in 1976, is a component of the Senior Resource Center. I and R is provided by three staff members, and there are two central office I and R specialists who are mature older women and long-time residents of the county. They describe their style as "homey" and, because they are aware that they are dealing with the elderly, try to make the inquirers feel comfortable. Experience is providing I and R combined with their warm and caring attitudes contribute to their effectiveness.

I and R is also provided by a community service advocate who was already known in the area, which proved invaluable when he began promoting services for the elderly. His warm and familiar style helped to overcome the "carpetbagger," "big government" welfare stigmas often associated with social service programs. He established regular routes through the county and developed personal relationships with older persons and community leaders. He is now perceived as a willing and knowledgeable person rather than as an I and R staff person.

The top priorities of the Area I Agency on Aging, which plans for, funds, and coordinates shared I and R support functions between the two two senior centers, are to implement coordinated system planning, coalition building, media advocacy and focal point development. The Agency is promoting the generic service delivery concept for most services. This approach is intended to build community support, to broaden the array of services available to older persons and to provide greater funding diversity and security.

System Structure and System Process

Structure: Centralized and Decentralized Systems

The varied and complex structures of I and R systems can best be understood by characterizing a particular system as being either essentially centralized or essentially decentralized. Systems are classified in terms of how they deliver their generic I and R services, which respond to people of all ages with problems of all kinds.

A centralized system results when a single agency receives the major funding for I and R services, and other public agencies opt to contract with this major agency for the provision of I and R rather than to provide it in-house. Either the provision of I and R services or the provision of important support functions is centralized in the major agency. Most of the usage of I and R services by the community is thus channeled through this single agency. Three of the selected systems have centralized their I and R functions in their respective lead agencies: Info Line in Connecticut, LINC in Memphis and Info Line in Summit County.

There are differences, however, in the extent to which agencies other than the major one provide I and R services within these centralized systems. In Summit County, for example, several agencies provide I and R in the course of performing their primary functions. Such organizations as the American Red Cross, the Arthritis Foundation's local chapter, a child guidance center and two community health centers receive requests for help from people whose needs probably go beyond the scope of their services; yet they have chosen to respond because their consumers are familiar with them.

A decentralized system is one in which, for a variety of reasons, there is no single I and R service providing a majority of all generic I and R delivery. In a model decentralized system, consistency or coherence is accomplished principally through cooperative agreements and shared decision making — proving that exemplary behavior is possible without centralization. Decentralized systems do not develop by accident, and they are not entirely the result of federal government policies and piecemeal funding patterns. In fact, a decentralized system may actually be preferred by local human service agencies which possess a strong community identity. These agencies believe that they are best suited for contacting those people who are hard to reach and that they are better able to respond to certain citizen groups than could a single I and R source.

Metropolitan Denver, for example, has a grassroots social service system with no public funding allocated to I and R. However, several social service departments provide I and R services and the Area Agency on Aging requires all agencies with which it contracts to provide I and R for elderly consumers. In addition, a city/county community services

commission performs I and R functions by assisting persons in need of emergency assistance. The Mile High United Way I and R Service, the only provider of generic I and R in the area, is also the key motivator in developing a long-range plan for the decentralized system to improve its quality of I and R services through informal voluntary networking.

The I and R Federation of Los Angeles County is also choosing to build a moderately decentralized I and R system — from what had been an extremely decentralized group of individual I and R services. It is developing a series of networks, primarily among categorical agencies serving common target groups (such as the aged or the handicapped) and, secondarily, among agencies serving a specific geographic area. These networks meet and interact regularly, and the I and R Federation has periodic contact with the agencies in the networks.

In decentralized systems, concerns about overlapping coverage or gaps in serving citizen needs and about the quality of support services can reach acute proportions. Immediate improvements in the quality of I and R across agencies often has been obtained as a result of the lead I and R agency providing back-up to the numerous other agencies receiving requests and delivering I and R services. And in both the Denver and the Southeastern Virginia, the first priority has been to establish computerized, comprehensive resource inventories of available services for use by all I and R services.

Process: Relationships That Work

Critical factors to be considered in building an effective I and R system are the quality and extent of the relationships among the groups included in the network, how these groups share in making decisions and how they participate and cooperate together. These working relationships, or processes, may be developed on vertical and/or horizontal levels.

Vertical relationships are linkages among I and R entities at different levels. These linkages may be chiefly limited to an immediate community, or they may extend to regional or state level organizations or to governmental or voluntary bodies.

The most formal instance of vertical relationships within the selected systems is that which exists among the six regional subcontractors that provide generic I and R services in Connecticut. Two of the subcontractors are community councils; one is a private, nonprofit corporation set up specifically to provide Info Line service; two are multi-service organizations and the other is a United Way. While retaining regional autonomy in delivering I and R services, they are part of a coherent system, defined at the state level, in terms of using a common resource file, data collection, and data analysis.

A more informal example of vertical linkages is the tie between

Southeastern Virginia's city and county social service departments, which use a common computerized resource file in the provision of I and R services to their respective areas.

Horizontal relationships are linkages among I and R providers and other human service providers at the same level — usually parallel organizations. All I and R systems have such links where there is more than one provider of I and R; they also have ties with closely related services such as hot lines or ombudsman programs or crisis intervention centers. In Los Angeles County, for example, there are horizontal relationships among three independent I and R policy systems: the I and R Federation, and the City and County Area Agencies on Aging. Geography, politics, funding, and diverse target groups require them to maintain their own autonomy although they are part of one system.

A quite different type of benefit is the network of personal relationships formed among individuals. Awareness of I and R and its role in the broader human service system, ownership and commitment to the system and to working as a network are examples of this type of outcome. The board and staff of the Information Center of Hampton Roads, for example, are represented in most major community endeavors, and the Center practices widespread informal networking with service providers through joint planning and training. Los Angeles' Info Line staff members have regular telephone communications with many agencies and provide training to their staffs on request.

In Memphis, when LINC faced almost certain loss of funding after the original grant ended, social service agencies approached the Mayor to support LINC and stressed its importance as a component of the human service community. As a result, the city agreed to fund LINC, and it continues to provide the sole source of support. These examples indicate that the building of relationships can yield benefits for the I and R system that are just as real and important as is the development of computerized resource centers.

Having a model I and R system with strong working relationships already functioning is a definite advantage to a community in that it can respond quickly to the needs of the times. The recent crushing recession, for example, has placed hardships on families who never before have needed to turn to the human service system for help. The potential load on the system — resulting from such factors as diminished mental health among unemployed adults, an increase in premature births and malnutrition among infants — is becoming heavier just as public dollar allocations are shrinking.

In response, a coalition of human service agencies in Summit County, under the United Way banner, has formed to collaborate in the development of a coherent strategy to meet the priority needs of families with recently unemployed members. Local foundations have been enlisted

to support this pilot project.

Info Line, along with several other service agencies, is preparing to target ways to assist these families by providing aid in four areas: emotional support, emergency assistance, access to social service systems and job seeking and job development. Info Line's contribution will be to establish an outreach campaign for the recently unemployed, to provide quality I and R services in recognition of the kinds of problems that they are most likely experiencing and to collect user data throughout the project.

Conclusions

No one formula for developing a model I and R system is necessarily better than another, and no single approach to addressing concerns works for all. Some function best in certain ways because of their location, the type or number of consumers served, or the kind of funding and community support provided. Analysis of the seven model I and R systems can provide valuable insights in two areas: first, the variety of approaches used to discover and address concerns shared by those within the system of I and R interests; second, the achievements or outcomes that resulted from system involvement.

These developmental histories of model I and R systems demonstrate the coming together of major interests within the community to share concerns about the quality and future of I and R. Participation was voluntary among funders — public and private, and I and R providers — current and potential. Often working informally, the participants worked to identify possible improvements and ways to achieve them. In doing so, they also discovered very practical benefits for their individual agencies.

Each of the Model I and R Systems studied has put its available human and material resources to use in efficient and effective ways in order to meet its particular needs. Although their individual concerns may differ, these communities have all developed a more coherent I and R system to handle their concerns as they arise.

Other communities may well follow the examples represented by these seven exemplary systems, to bridge the gaps that exist in the delivery of human services in today's challenging times. By beginning to build I and R systems now they can also achieve a state of readiness, which will enable them to meet the continuing challenges presented by ever-changing community needs. Bridging the gaps to day may therefore be the best way of building a bridge to the future, whatever the future may be.

Special Note:

More information is available from the Comprehensive Report and Case Studies published by the Alliance of Information and Referral Systems and The University of Akron. Requests and inquiries about these reports may be sent to Model I and R Systems Project, The Center for Urban Studies, The University of Akron, Akron, Ohio 44325. A 10-minute color slide presentation with cassette may also be obtained at cost for viewing with a community group to stimulate interest in and attention to the steps involved in the development of a model information and referral system.

Determining the Strengths and Weaknesses of Your I and R System

The effectiveness or capacity of your I and R system — the system of interests dealing with a range of critical concerns — can be assessed by considering your answers to the following questions:

Quality and Coverage of I and R

Considering all providers within the service area, are quality I and R services, readily available and accessible on a continual, as needed basis for all segments of the population in need, anywhere in the service area?

Quality Support Services of I and R Providers

Is there adequate provision for attracting, training and retaining professionally competent I and R workers across the system of I and R providers?

Are sufficient financial, personnel and material resources available to support quality I and R services throughout the service area?

Is there current, accurate information about available services and agencies that is maintained and regularly updated in a way that is cost efficient and effective for the entire system of I and R providers?

Policies and Practices: Accomplishing Necessary Changes

Is there clear and evident data collection and analysis among all I & R entities for the general purpose of discovering new opportunities for or barriers to dealing with the prior two concerns?

Is there an established means, however informal, whereby those entities that plan for, fund or provide I and R services can negotiate needed changes?

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